



REGISTRATION FORM	Owner		
	Co-Owner		
	Address		
	City, State, Zip		
	Your email address		
	Home #	Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Are You the Owner of the Pet? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not
	Work #	Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	If Not, Who Is?
	Mobile #	Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Are You 18 Years of Age or Older? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not
	REASON FOR YOUR VISIT		
	Name of Pet		Weight
Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other	Sex <input type="checkbox"/> M <input type="checkbox"/> M/Neutered <input type="checkbox"/> F <input type="checkbox"/> F/Spayed	DOB/Age	
Breed		Color	
Current Medications/ Supplements (Please List Name, Dosage, & Directions)			
Past History (Please list Prior Major illness/Surgery/Injury)			
Resides/ Travels (city/state)			
Family Veterinarian _____		Is your pet current on Rabies Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date last given?	
Family Veterinarian Clinic's Name			
Who Referred You?			
I give permission to the Doctors, Liaisons, & Staff members at VSCT to speak to the following people about the diagnosis, treatment & prognosis of my pet. _____			

AUTHORIZATION I hereby authorize the veterinarians at Veterinary Specialty Center of Tucson to examine, treat and prescribe for the above described pet(s). I acknowledge and give consent that any diagnostic samples taken from my pet can be used in a research capacity if so indicated by the hospital. I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all of the charges incurred in the treatment of my pet will be paid in full at the time of discharge. We accept Cash, Visa, MasterCard, American Express, Discover, Debit Card, Scratchpay, Care Credit & Check. **We do not bill.** I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, & during my pet's ongoing medical treatment. **A deposit of 80% of the high end of the estimated fee is required prior to any medical, surgical or emergency care being provided.** Please be advised the state of Arizona's controlled substance prescription monitoring program requires your date of birth if controlled substances are dispensed to your pet. Prescription drugs may be available at your local pharmacy. **We will ask to make a copy of your Driver's License.**

I have read, understand and agree with the above information.

Signature of Owner

Date

Please see the back side of this page to acknowledge our appointment policy and photo release authorization

No Show Appointment Policy

We make every effort to provide prompt medical care to all of our patients. If you are unable to keep a scheduled appointment, please let us know **in advance**. A **NO SHOW** is when a client fails to keep a scheduled appointment. A **NO SHOW** will generate a **\$25** fee and three no shows/missed appointments may require that you seek your veterinary care elsewhere. In the event that you have a special circumstance regarding your missed appointment, please contact our Hospital Administrator Judith Gonzalez. We understand that there may be issues beyond your control and want to be understanding of special circumstances.

Late Cancellations

Late cancellations (less than 24 hours in advance) will be considered as a "no-show". Exceptions will only be made in extraordinary circumstances. Cancellations made more than 24 hours in advance of your scheduled appointment time will not be assessed a cancellation fee.

Courtesy

We strive to provide the best medical care for all of our patients. While we make every effort to provide prompt on-time service, the medical needs of individual patients may not necessarily lend themselves to an exact schedule. We therefore appreciate your understanding and patience. If you have any suggestions or comments for our office, please let us know. Angry or foul language directed to our staff regardless of the issues involved will absolutely not be tolerated and will be grounds for immediate dismissal from our practice.

By signing this page you are acknowledging and agreeing to our No Show and Late Cancellation Policy

Client Signature: _____ Date _____

Photo Release

I hereby grant VSCOT permission to use any photographs taken of my pet, in any and all of its publications, including website entries, without payment or any other considerations. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to use of the photograph. I hereby release rights to all claims, demands and causes to action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I gave authorization to use my pet's name and information as printed.

Client Signature: _____ Date _____